

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

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13 APR 17 PM 4:33

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Andrews for Senate

ADDRESS (number and street)

215 Fourth Ave.



Check if different  
than previously  
reported. (ACC)

Haddon Heights

NJ

08035

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00448654

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

NJ

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robyn A. D. Ferdinand

Signature of Treasurer Ms. Robyn A. D. Ferdinand

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)